

Position Description

Read each heading carefully before proceeding. Make statements simple, brief, and complete. Be certain the form is signed. Send the original to the Division of Personnel Services.

CHECK ONE: ☐ NEW POSITION ☒ EXISTING POSITION

Part I - Items 1 through 12 to be completed by department head or personnel office.

1. Agency Name Kansas Department for Children and Families		9. Position No. K0043791		10. Budget Program Number OPM001033	
2. Employee Name (leave blank if position vacant)				11. Present Class Title (if existing position) Senior Administrative Assistant	
3. Division Operations				12. Proposed Class Title	
4. Section Office of Property Management		For Use By Personnel Office	13. Allocation		
5. Unit Records Management			14. Effective Date		
6. Location (address where employee works) City Topeka County Shawnee			15. By		Approved
7. (circle appropriate time) Full time XX Perm. XX Inter. Part time Temp. % 100		Personnel Office	16. Audit Date: By: Date: By:		
8. Regular hours of work: (circle appropriate time) FROM: 8:00 AM/PM To: 4:30 AM/PM			17. Audit Date: By: Date: By:		

Agency
Number

Position
Number

PART II - To be completed by department head, personnel office or supervisor of the position.

18. If this is a request to reallocate a position, briefly describe the reorganization, reassignment of work, new function added by law or other factors which changed the duties and responsibilities of the position.

This position supports the archiving of material by prepping, imaging, indexing, and verifying of records.

19. Who is the supervisor of this position? (Who assigns work, gives directions, answers questions and is directly in charge.)

Name Karl Hockenbarger **Title** Public Service Executive II **Position Number** K0057611

Who evaluates the work of an incumbent in this position?

Name Karl Hockenbarger **Title** Public Service Executive II **Position Number** K0057611

20. a) How much latitude is allowed employee in completing the work? b) What kinds of instructions, methods and guidelines are given to the employee in this position to help do the work? c) State how and in what detail assignments are made.

Employee has wide latitude in establishing work procedures. Work is performed within policies, procedures, and timeframes. Assignments are general except for special projects requiring more specific direction.

21. Describe the work of this position using the page or one additional page only. (Use the following format for describing job duties:)

What is the action being done (use an action verb); to **whom** or **what** is the action directed (object of action) ; **why** is the action being done (be brief); **how** is the action being done (be brief). For each task state: Who reviews it? How often? What is it reviewed for?

Number Each Task and Indicate Percent of Time			
No.	%	E OR M	
1	10%	E	Prepares incoming records by a. removing folders, staples, and other bindings b. assuring quality of records to be scanned (improving image of hard-to-read pages, repairing or replacing torn pages, mounting or copying odd-sized pages, or otherwise making all pages suitable to be scanned)
2	40%	E	Scanning a. scan documents using fi-6800 and Captiva software i. clear paper jams ii. clear multi-feeds b. reconcile scanned files with inventory
3	40%	E	Indexing a. quality control scanned images using desktop software i. Delete blank pages ii. Flag problem images for rescan iii. Make copies of pages for rescan iv. Confirm record ID numbers b. record status of scanned boxes
4	10%	E	Performs other related duties b. Researches special requests and exceptions with the archived records Assists with warehouse activities including shelving and retrieving boxes from the stacks c. Routine care and maintenance of various pieces of office equipment i. Clears dust and debris d. Other duties as assigned by supervisor

22. a. If work involves leadership, supervisory, or management responsibilities, check the statement which best describes the position.
- () Lead worker assigns, trains, schedules, oversees, or reviews work of others.
 - () Plans, staffs, evaluates, and directs work of employees of a work unit.
 - () Delegates authority to carry out work of a unit to subordinate supervisors or managers.

b. List the names, class titles, and position numbers of all persons who are supervised directly by employee on this position.

Title

Position Number

23. Which statement best describes the results of error in action or decision of this employee?

- (xx) Minimal property damage, minor injury, minor disruption of the flow of work.
- () Moderate loss of time, injury, damage or adverse impact on healthy and welfare of others.
- () Major program failure, major property loss, or serious injury or incapacitation.
- () Loss of life, disruption of operations of a major agency.

Please give examples.

Failure to prep, archive, verify, or index documents could lead to irretrievable loss of adoption client records or other data required to be maintained by statute or regulation. Inability to retrieve data could result in an adoptee not receiving important information or the Department being sanctioned by a court or funding agency.

24. For what purpose, with whom and how frequently are contacts made with the public, other employees or officials?

Coordination with

- 1) Divisions within the agency
- 2) Supervisors
- 3) Peers

25. What hazards, risks or discomforts exist on the job or in the work environment?

Normal hazards associated with working in an office environment. Could involve lifting and moving of files which could be in boxes weighing up to 40 pounds.

26. List machines or equipment used regularly in the work of this position. Indicate the frequency with which they are used.

Telephone – daily
Copier – daily
Printer – daily
Scanner-daily
Computer-daily

PART III - To be completed by the department head or personnel office

27. List in the spaces below the minimum amounts of education and experience which you believe to be necessary for an employee to begin employment in this position.

Limited independent work experience in office support/clerical work.

Education or Training - Special or professional

License, certificates and registrations

Special knowledge, skills and abilities

Experience - Length in years and kind

Three years of customer service experience.

28. SPECIAL QUALIFICATIONS

State any additional qualifications for this position that are necessary either as a physical requirement of an incumbent on the job, a necessary special requirement, a bona fide occupational qualification (BFOQ) or other requirement that does not contradict the education and experience statement on the class specification. A special requirement must be listed here in order to obtain selective certification.

Signature of Employee

Date

Signature of Personnel Official

Date

Approved:

Signature of Supervisor

Date

Signature of Agency Head or
Appointing Authority

Date